

ARCHITECTURAL CHANGE REQUEST
Foxwood Homeowners Association

Name _____	Lot # _____	Phone # _____
Address _____		Date Prepared _____
PROPOSED IMPROVEMENTS (BE SPECIFIC: type of improvement, purpose of improvement, permits required)		

Start Date _____	Completion Date _____	Contractor _____
Contact Person _____		Phone # _____
This project will be similar to the _____ constructed by _____		
at (address and Lot #) _____		
Signature _____		

PLAN VIEW
(Show sketch and/or attach construction plans, dimensions, and location on lot. Identify north direction. Color swatches are required for all paint/stain projects.)
Materials List _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

THIS CHANGE AFFECTS:
House Exterior _____ Landscape _____
Front _____ Back _____ Side _____
NEIGHBORS DIRECTLY AFFECTED:
Lots # _____

REVIEW _____	Date _____
ACC Signature _____	
Approved _____	Disapproved _____
Comments: _____	